

**School Nursing Service Review:**

**Consultation with children and young people**

**July 2016**

Amy Woodhouse  
Jeni Bainbridge  
Jane Miller  
Catriona Thomson  
Hannah Gray

## 1. Background

The Scottish Government is currently implementing a review of school nursing across Scotland, involving piloting a new role refocused schools nursing role. The new role places increased emphasis on the following nine priority areas for intervention:

- Emotional Health and Wellbeing
- Substance Misuse
- Child Protection
- Domestic Abuse
- Looked After Children
- Homelessness
- Youth Justice
- Young Carers
- Transitions

Two Early Adopter Sites (NHS Tayside and NHS Dumfries and Galloway) have been identified to test out this refocused role and a CPD programme has been developed to support its implementation.

To complement this activity, the Scottish Government commissioned Children in Scotland to consult with children and young people, to ensure that their views on the school nurse role are incorporated within wider strategic developments. This report presents the findings of this consultation work and some recommendations arising from the findings.

## 2. Our Approach

The UN Committee on the Rights of the Child describes participation as: *'...ongoing processes, which include information sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes'*<sup>1</sup>. In line with this, Children in Scotland's participation and engagement work seeks to engage children and young people in meaningful, ongoing dialogue and to enable them to have effective and fulfilling participation, thus ensuring that their voices influence the decisions and practices of policy makers and practitioners.

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<sup>1</sup> *Children and Young People's Participation in Policy-Making - Making it Meaningful, Effective and Sustainable*, ESRC, Barnardos, CRFR and Children in Scotland.

### 3. Method

Children in Scotland worked with the lead nurses in the two Early Adopter sites (NHS Dumfries & Galloway and NHS Tayside) to recruit primary and secondary schools for the consultation, aiming to recruit one primary school and one secondary school in each health board area. A list of the participating schools is available in Appendix 1.

Heads and guidance teachers from each school were asked to identify pupils who had needs in line with one or more of the 9 priority areas identified above, and invite them to participate in one workshop session. Children in Scotland asked for initiations to be framed in a positive way, and not to identify their needs to protect their confidentiality and reduce potential stigmatisation. Children in Scotland staff facilitating the sessions liaised closely with both head teachers and guidance staff, in advance of each session, to ensure that pupils felt comfortable and fully supported to participate.

The purpose of the consultation was to explore the following areas;

- What school nurses do (past and future roles)
- What types of issues school nurses could help with
- What might help young people to know more about the school nurse role
- What might stop young people from seeking help or making contact with school nurses
- How should school nurse services be accessed going forward (exploring options including drop ins).

The sessions delivered lasted for approximately an hour and were facilitated by 2-3 members of Children in Scotland. Additionally, a staff member from within the school supported the sessions at the request of facilitation staff. This was to ensure that there was a familiar presence to support CYP and was pertinent because of the sensitive nature of the consultation.

The workshops were designed to be engaging and participative in order to appeal to the children and young people taking part. The sessions involved differentiated activities, with the aim of generating discussion and as a means of easily capturing the views of children and young people. Staff recorded direct quotes from the CYP to complement the physical data.

#### *Limitations*

The group of children and young people involved in this consultation was small, and the consultation sessions relatively short. The results therefore cannot be viewed as being representative of all children and young people within the target population for school nurses. However, the findings gathered do illustrate the real views and preferences of children within this target population, and the commonality of some of the views expressed does indicate that these findings offer useful evidence to inform the development of the school nurse service to support children and young people.

### 3. Findings

#### Participants

A total of 34 children and young people participated in the consultation in the following age ranges:

Year groups	Locality	Male	Female	Total
P6-P7	D&G	4	8	12
	Tayside	2	1	3
S2-S5	D&G	5	6	11
	Tayside	3	5	8
<b>Total</b>		14	20	34

#### Issues children and young people experience that school nurses could help with

We asked the children and young people what type of issues they would like support with in their lives and they responded with a wide range spanning physical, social, emotional, mental and behavioural needs. Some issues spanned both age groups, whilst others varied depending on age group.

##### *Common issues across age groups*

The vast majority of issues raised in both age groups were about physical health and mental health needs. Specifically, children and young people were interesting in getting information and support to understand and cope with the following issues;

- Personal hygiene and keeping clean
- Sleep and tiredness
- Disabilities, autism and ADHD
- Growing and developing
- Anxiety and worry
- Healthy eating and food
- Relationships, including friendships, bullying, conflict within families, anxiety and caring responsibilities.

Some of the issues expressed, such as relationships with peers or growing and developing, are common areas of concern amongst many children and young people. However, they may be issues to which the school nurse target population are particularly vulnerable to, or may experience in a more pronounced way. Other issues expressed, such as caring responsibilities, are more unique to the target population.

### *Issues expressed by younger age group*

*“My granddad had cancer three times - I try to see him a lot.” (primary school participant)*

The younger group were particularly anxious about illnesses such as cancer, and how to cope if a close member of your family received such a diagnosis or was in poor health. Several of the children present had experienced family illness, and worrying about the health of family members was a real concern. The younger group also talked more about family problems in general and feeling worried about change, including moving on to high school.

### *Issues expressed by the older age group*

The older age group mentioned wanting to talk about bereavement and loss as well as body confidence and image. They highlighted depression, sexual health and identity as important areas too. They also touched on life skills “[we are] taught about careers but not actually about how to live”.

### **Awareness of school nurse role**

Awareness of school nurses amongst the young people who took part in this consultation was limited, with only 12 of the 34 participants stating that they knew who their school nurse was. Three of the young people indicated that they were currently getting support from their school nurse. However, there was general confusion about what school nurses did, and one young person mixed up the school nurse role with their social worker. It is evident from these results that additional information and awareness raising about school nurses would be helpful for this target population.

### **What would help and hinder children and young people from seeking help or making contact with school nurses**

We asked the participants to talk about factors that would help and hinder them from seeking help from school nurses. These discussions uncovered some wider issues around help seeking in general, which is useful for all services to consider when engaging with children and young people.

Children in the younger age group did, by and large, indicate that they would speak to others about the issues that troubled them, and identified a range of individuals who they would consider seeking help from. This included the school nurse, and also family, friends and teaching staff. Most important of all was the fact that they were prepared to talk to others and could identify who they would approach.

Issues primary school children said they were most likely to approach school nurses about included information about medical conditions, smoking, additional support needs (such as autism and asthma) and caring responsibilities. These responses help to illustrate perceptions amongst participants of the types of issues school nurses can help with.

In contrast, the overwhelming majority of young people in the high schools we collaborated with said that they would choose not to speak to anybody for many issues, particularly those around sexual identity, money and poverty, cleanliness, drugs and alcohol, problems with friendship or fitting in and puberty. This not only included professionals, but family and friends as well.

High school age participants indicated that they might speak to family or friends about issues such as smoking/ alcohol, exam stress or arguments at home. However, school nurses were not seen as being people young people would approach for any issue at present. This is clearly a significant barrier that will need to be overcome if the school nurses are seeking to encourage young people to approach them for support.

#### *Barriers to help seeking*

Some of the reasons expressed for not speaking to others included perceived loyalty to families and not wanting to alert the social services to anything being wrong;

*“Private, it’s not about you it’s also about your family” (high school participant)*

*“It could make them look like a bad parent if you don’t have anything to eat or if your mum is struggling as well.” (high school participant)*

Young people also expressed doubts as to whether speaking to anyone would make a difference, and that they could *“feel like nobody can help you”*. They also talked about being nervous and worried about approaching a school nurse to talk to, particularly if they did not know them. It is important that these barriers are addressed if school nurses are to engage effectively with young people.

#### *Facilitators to help seeking*

We asked the participants to identify things that might help make the school nurses easier to engage with and talk to, and for the most part the responses focussed on personal qualities, such as being kind, being a good listener, being non-judgemental and trustworthy;

*“Someone who is able to listen, someone who you are able to trust.” (high school participant)*

*“Someone you have met at least once or twice.” (high school participant)*

It was recognised that it is difficult to know whether someone has these characteristics when you have never met them, and therefore young people highlighted the need to get to know school nurses before they were likely to speak to them about problems or issues they were experiencing. Recommendations from other young people who had received support was also thought to help in terms of knowing that the school nurses was approachable and trustworthy;

*“Would know if someone had gone to them before and they had got good advice”  
(high school participant)*

Interestingly, they also told us that it is important adults avoid trying to “instantly solve it”, as they had negative experiences of this approach in the past.

Finally, accessibility was also raised as a factor, and this meant at least knowing in advance the times when young people could speak to school nurses, as well as knowing the types of issues school nurses could help with;

*“Someone who is available” (high school participant)*

### **How should school nurse services be accessed going forward?**

When looking ahead to how the school nurse service should be shaped to support them, the children and young people we spoke to were thoughtful and articulate. We explored different locations and settings for school nurse support, and learned that children and young people had varied preferences.

Some participants felt that speaking to a school nurse at home could help them to speak to their family and, in turn, help their families to better understand them.

*“They would be more understanding. Might be good because you may feel you don’t have to tell your family – the nurse can do it for you” (high school participant)*

Children valued the fact that they would not be alone with their families when discussing difficult topics and liked that families would have a better understanding of “what’s going on”. It also avoided the child or young person having to repeat the story multiple times.

However, there were also significant concerns raised around lack of privacy for children and young people if the service was delivered at home, with many preferring to access the service at school, where it was “more private” and “away from family”.

Children and young people who took part also told us that they did not want their families worrying about any issues they may be experiencing, such as bullying, so this would be a reason to avoid the school nurse coming to the home.

We explored with some of the groups where they would like to receive a targeted service and they told us that, apart from home, they would like to meet in a community centre because it was felt to be a “big, open space...to be quiet...not crowded by anybody”.

They were open to the idea of support being offered in school, as this was another familiar space;

*“Well I think it is good in school because it might be private and you talk to them in private from your family.” (primary school participant)*

However, it was also recognised that if young people missed classes in order to meet professionals, this could be noticed by their peers and questions could be asked. They were also concerned about “falling behind” if too many classes were missed.

Some enthusiasm was expressed for accessing online support, as young people were used to communicating online, and again it was felt this setting could offer privacy.

Overall it would appear therefore that providing support in a familiar space was an important factor to young people engaging with school nurses. However, their strong emphasis on privacy should be recognised within this context, indicating that young people home or school might not always be the most appropriate venue. There may be potential for providing support in a combination of different settings, if appropriate. Giving young people the choice of where support is given is therefore recommended.

## **Conclusions and recommendations**

Whilst this consultation was relatively small in scale, the children and young people who participated were able to provide thoughtful and constructive ideas to make the school nurse service more accessible and responsive to their needs. We are very grateful for their input, and the support of the participating schools in terms of recruiting children and young people to take part. In particular the following recommendations are proposed;

### **Key point**

Children and young people expressed a range of physical health, mental health and social issues they would like support with. However, there was a lack of awareness about what school nurses do and the types of issues they can help with.

### **Recommendations**

- Accessible information for children and young people in target populations would help inform them about school nurses and support uptake
- Signposting to other relevant services and sources of support would help with issues outwith school nurses remit



**Key point**

Whilst some children and young people have identified professionals and adults they would go to for support, many young people did not. In part this was because of stigma, and concerns around privacy and confidentiality.

**Recommendations**

- School nurses should take steps to build familiarity with children and young people in their target populations, to develop trust and encourage help seeking. This may be particularly important with high school aged young people.
- Children and young people should be offered support in a location that suits them. For some that might be home, for others school or community centres. In all cases steps should be taken to ensure that support is offered in a discrete manner that does not readily identify young people to their peers.
- Policies around confidentiality need to be clearly articulated, particularly with regards to information sharing about family issues.
- There may be value in further work with the children and young people that participated in this consultation to explore barriers to engaging with school nurses in more detail and facilitate further service redesign to address their concerns.

## **APPENDIX ONE: PARTICIPATING SCHOOLS**

### **Perth & Kinross**

Kinross Primary School

Kinross High School

### **Dumfries & Galloway**

Lincluden Primary School

Maxwelltown High School